MANITOWOC HEALTH CARE CENTER - FDD

4200 CALUMET AVENUE

MANITOWOC 54220 Phone: (920) 683-4100 Ownership: County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: FDDs Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): 32 Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 32 Yes Number of Residents on 12/31/02: Average Daily Census: 29

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/02)					
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis % Age Groups %			•	13.3 13.3		
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	80.0	•	73.3	
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	16.7			
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	3.3		100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	0.0	*********	*****	
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	0.0	95 & Over		Full-Time Equivalent		
Congregate Meals No		Cancer	0.0			Nursing Staff per 100 Resident:		
Home Delivered Meals	No	Fractures	0.0			(12/31/02)		
Other Meals	No	Cardiovascular	0.0	65 & Over	20.0			
Transportation	No	Cerebrovascular	0.0			RNs	0.6	
Referral Service	No	Diabetes	0.0	Sex	용	LPNs	9.1	
Other Services	No	Respiratory	0.0			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	0.0	Male	70.0	Aides, & Orderlies	47.0	
Mentally Ill	No			Female	30.0	1		
Provide Day Programming for			100.0					
Developmentally Disabled	Yes				100.0			

Method of Reimbursement

		edicare			Medicaid			Other		P.	rivate Pay	:		amily Care			anaged Care			
Level of Care	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				30	100.0	153	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	30	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		30	100.0		0	0.0		0	0.0		0	0.0		0	0.0		30	100.0

MANITOWOC HEALTH CARE CENTER - FDD

********	*****	*******	******	****	*****	*****	*****
Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, a	nd Activities as of 12	/31/02
Deaths During Reporting Period							
	I				% Needing		Total
Percent Admissions from:	I	Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	78.3	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	13.0	Bathing	0.0		73.3	26.7	30
Other Nursing Homes	8.7	Dressing	26.7		46.7	26.7	30
Acute Care Hospitals	0.0	Transferring	70.0		16.7	13.3	30
Psych. HospMR/DD Facilities	0.0	Toilet Use	23.3		46.7	30.0	30
Rehabilitation Hospitals	0.0					23.3	30
Other Locations	0.0	*****	*****	*****	******	*****	*****
Total Number of Admissions	23	Continence		용	Special Treatme	ents	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	3.3	Receiving Res	piratory Care	6.7
Private Home/No Home Health	73.9	Occ/Freq. Incontinent	of Bladder	46.7	Receiving Tra	cheostomy Care	0.0
Private Home/With Home Health	13.0	Occ/Freq. Incontinent	of Bowel	40.0	Receiving Suc	tioning	3.3
Other Nursing Homes	0.0				Receiving Ost	omy Care	3.3
Acute Care Hospitals	4.3	Mobility			Receiving Tub	e Feeding	10.0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	Ĺ	30.0	Receiving Mec	hanically Altered Diet	s 50.0
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Resident	Characteristics	
Deaths	8.7	With Pressure Sores		0.0	Have Advance	Directives	100.0
Total Number of Discharges		With Rashes		6.7	Medications		
(Including Deaths)	23				Receiving Psy	choactive Drugs	56.7

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility		DD ilities		All ilties	
	%	8	Ratio	8	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	90.4	83.9	1.08	85.1	1.06	
Current Residents from In-County	90.0	38.2	2.36	76.6	1.17	
Admissions from In-County, Still Residing	17.4	18.5	0.94	20.3	0.86	
Admissions/Average Daily Census	79.3	20.3	3.90	133.4	0.59	
Discharges/Average Daily Census	79.3	23.6	3.36	135.3	0.59	
Discharges To Private Residence/Average Daily Census	69.0	9.8	7.07	56.6	1.22	
Residents Receiving Skilled Care	0.0	0.0	0.00	86.3	0.00	
Residents Aged 65 and Older	20.0	15.3	1.31	87.7	0.23	
Title 19 (Medicaid) Funded Residents	100.0	99.2	1.01	67.5	1.48	
Private Pay Funded Residents	0.0	0.6	0.00	21.0	0.00	
Developmentally Disabled Residents	100.0	99.5	1.00	7.1	14.08	
Mentally Ill Residents	0.0	0.4	0.00	33.3	0.00	
General Medical Service Residents	0.0	0.1	0.00	20.5	0.00	
<pre>Impaired ADL (Mean) *</pre>	45.3	54.0	0.84	49.3	0.92	
Psychological Problems	56.7	48.2	1.18	54.0	1.05	
Nursing Care Required (Mean) *	10.0	11.3	0.88	7.2	1.39	